

EXHIBIT

E

DIY Form

F.C.A. §§ 413-1, 424-a; Art. 5-B
D.R.L. §§ 236-B, 240

Form 4-17a
9/2021

Financial Disclosure Affidavit (short form)
Income and Expenses Statement

You must bring this form to court. This form is used to give the court information about your financial situation. Fill it out before you come in on your next court date.

Bring this form and a copy of:

- Your two (2) most recent pay stubs
- Your most recent tax returns, federal and state
- Your W-2s and/or 1099 statements
- Bring all documents to prove the amount of other income and/or debt and loans
- Proof of health insurance coverage and cost
- Proof of public assistance

STATE OF NEW YORK)
COUNTY OF ORANGE)

ss.:

File #: 78465

Docket #: F-00124-24/24A

Court Date, Time, and Part: MAY 23, 2024 1:30 PM

PART 5

I, **Neal Serringer**, being duly sworn, depose and say that the following is an accurate statement of my income, my assets, my expenses, and my liabilities:

Income: Are you self-employed? ☐ Yes ☒ No

Employer: WARZINKER SMITH Hours worked per week: 40

Address: 1073 ROUTE 94 STE 22

Gross income (all jobs): \$ 60,302.00 per YEAR

Take home income (all jobs): \$ 45,576.86 per YEAR (45,576.86)

Other income. (Public assistance, SNAP, rent, tips, unemployment insurance benefits, Workers' Compensation, Social Security Disability (SSD), Supplemental Security Income (SSI), pensions and retirement benefits, fellowships/stipends/annuities, investment income, etc.)

\$ 0 per _____ from _____

\$ _____ per _____ from _____

\$ _____ per _____ from _____

How many people are in your household? Me + 0 others

Income from other household members: \$ 0 per _____

Are you paying additional child support orders? ☐ Yes (Attach copies of all support orders) ☒ No

How much? \$ _____ To whom? _____

Loans and Debt. (Include additional page of other loans and debt, if needed.)

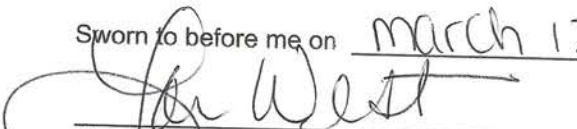
- Owed to: DAVID APPELBAUM For: LOAN
Balance: \$ _____ Payment: \$ 112.00 ☐ monthly ☒ weekly
- Owed to: _____ For: _____
Balance: \$ _____ Payment: \$ _____ ☐ monthly ☐ weekly

STOP! Take this document to a Notary Public BEFORE signing it.

I swear that the above information is true and correct as of (date) _____.


Neal Serringer, Petitioner

Sworn to before me on march 12, 2024


Notary Public / (Deputy) Clerk of the Court

LAUREN WEST
NOTARY PUBLIC, STATE OF NEW YORK
Registration No. 01WE6238253
Qualified in Orange County
Commission Expires : April 4, 2027

SEQ 000263

Company Code

Loc/Dept

Number

Page

RB / XJB 24335967

01/

50424

1 of 1

Warriner Smith Inc

1073 State Route 94 Ste 22

New Windsor, NY 12553

Earnings Statement



Period Starting: 01/26/2024
 Period Ending: 02/01/2024
 Pay Date: 02/02/2024

Business Phone: 845-568-0900

Taxable Marital Status: Single
 Exemptions/Allowances: Tax Override:
 Federal: 0 Federal:
 State: 0 State:
 Local: 0 Local:
 Social Security Number: XXX-XX-XXXX

Neal Serringer
 22 Reiheimer Rd
 Monroe, NY 10950

Earnings	rate	hours/units	this period	year to date
Regular	28.0000	40.00	1120.00	5376.00

Gross Pay			\$1,120.00	\$5,376.00
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Statutory Deductions	this period	year to date
Federal Income	-125.88	592.73
Social Security	-69.44	333.31
Medicare	-16.24	77.95
New York State Income	-50.61	240.73
New York Paid Family Leave	-4.18	20.06

Voluntary Deductions	this period	year to date
New York voluntary disability	-0.60	3.00
Wage assignment 1	-112.00	112.00

Net Pay	\$741.05
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Other Benefits and Information

	this period	year to date
Sick		
- Carry Over		0.00
- Accrued Hours	1.08	5.16
- Taken Hours	0.00	0.00
- Balance		5.16
Total Hours Worked	40.00	192.00

Important Notes

Basis of pay: Hourly

Your federal taxable wages this period are \$1,120.00

SEQ 000372
Company Code

Loc/Dept

Number Page
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Pg 5 of 12

Earnings Statement

RB / XJB 24335967 01/
Warriner Smith Inc
1073 State Route 94 Ste 22
New Windsor, NY 12553Period Starting: 02/02/2024
Period Ending: 02/08/2024
Pay Date: 02/09/2024

Business Phone: 845-568-0900

Taxable Marital Status: Single
Exemptions/Allowances: Tax Override:
Federal: 0 Federal:
State: 0 State:
Local: 0 Local:
Social Security Number: XXX-XX-XXXXNeal Serringer
22 Reiheimer Rd
Monroe, NY 10950

Earnings	rate	hours/units	this period	year to date
Regular	28.0000	40.00	1120.00	6496.00
Gross Pay			\$1,120.00	\$6,496.00
Statutory Deductions				
			this period	year to date
Federal Income			-125.88	718.61
Social Security			-69.44	402.75
Medicare			-16.24	94.19
New York State Income			-50.61	291.34
New York Paid Family Leave			-4.18	24.24
Voluntary Deductions				
			this period	year to date
New York voluntary disability			-0.60	3.60
Wage assignment 1			-112.00	224.00
Net Pay			\$741.05	

Other Benefits and Information

	this period	year to date
Sick		
- Carry Over		0.00
- Accrued Hours	1.08	6.24
- Taken Hours	0.00	0.00
- Balance		6.24
Total Hours Worked	40.00	232.00

Important Notes

Basis of pay: Hourly

Your federal taxable wages this period are \$1,120.00

Form **1040**

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return**2023**

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2023, or other tax year beginning _____, 2023, ending _____, 20____		See separate instructions.
Your first name and middle initial Neal W		Last name Serringer
If joint return, spouse's first name and middle initial		Last name
Home address (number and street). If you have a P.O. box, see instructions. 22 Reinheimer Rd		Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. Monroe		State NY
Foreign country name		Foreign province/state/county
ZIP code 109503646		Foreign postal code
Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse		

Filing Status ☒ Single ☐ Head of household (HOH)

Check only one box. ☐ Married filing jointly (even if only one had income) ☐ Qualifying surviving spouse (QSS)

☐ Married filing separately (MFS)

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent: _____

Digital Assets At any time during 2023, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.) ☐ Yes ☒ No

Standard Deduction **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent ☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1959 ☐ Are blind Spouse: ☐ Was born before January 2, 1959 ☐ Is blind

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) Check the box if qualifies for (see instructions):
(1) First name	Last name			Child tax credit
If more than four dependents, see instructions and check here <input type="checkbox"/>				Credit for other dependents
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Income		1a Total amount from Form(s) W-2, box 1 (see instructions)	1a 60,302.
1b Household employee wages not reported on Form(s) W-2		1b	
1c Tip income not reported on line 1a (see instructions)		1c	
1d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)		1d	
1e Taxable dependent care benefits from Form 2441, line 26		1e	
1f Employer-provided adoption benefits from Form 8839, line 29		1f	
1g Wages from Form 8919, line 6		1g	
1h Other earned income (see instructions)		1h	0.
1i Nontaxable combat pay election (see instructions)		1i	
z Add lines 1a through 1h		1z	60,302.
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a Form W-2, see instructions.	2a Tax-exempt interest	2a	
	2b Taxable interest	2b	
	3a Qualified dividends	3a	
	3b Ordinary dividends	3b	
	4a IRA distributions	4a	
	4b Taxable amount	4b	
	5a Pensions and annuities	5a	
	5b Taxable amount	5b	
	6a Social security benefits	6a	
	6b Taxable amount	6b	
c If you elect to use the lump-sum election method, check here (see instructions) <input type="checkbox"/>			
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		7	
8 Additional income from Schedule 1, line 10		8	0.
9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income		9	60,302.
10 Adjustments to income from Schedule 1, line 26		10	
11 Subtract line 10 from line 9. This is your adjusted gross income		11	60,302.
12 Standard deduction or itemized deductions (from Schedule A)		12	13,850.
13 Qualified business income deduction from Form 8995 or Form 8995-A		13	
14 Add lines 12 and 13		14	13,850.
15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income		15	46,452.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2023)

Tax and Credits	16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/> _____	16	5,532.																	
	17	Amount from Schedule 2, line 3	17																		
	18	Add lines 16 and 17	18	5,532.																	
	19	Child tax credit or credit for other dependents from Schedule 8812	19																		
	20	Amount from Schedule 3, line 8	20																		
	21	Add lines 19 and 20	21																		
	22	Subtract line 21 from line 18. If zero or less, enter -0-	22	5,532.																	
	23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	0.																	
24	Add lines 22 and 23. This is your total tax	24	5,532.																		
Payments	25	Federal income tax withheld from:																			
	a	Form(s) W-2	25a	7,377.																	
	b	Form(s) 1099	25b																		
	c	Other forms (see instructions)	25c																		
	d	Add lines 25a through 25c	25d	7,377.																	
	26	2023 estimated tax payments and amount applied from 2022 return	26																		
	27	Earned income credit (EIC) NO	27																		
	28	Additional child tax credit from Schedule 8812	28																		
	29	American opportunity credit from Form 8863, line 8	29																		
	30	Reserved for future use	30																		
	31	Amount from Schedule 3, line 15	31																		
	32	Add lines 27, 28, 29, and 31. These are your total other payments and refundable credits	32																		
	33	Add lines 25d, 26, and 32. These are your total payments	33	7,377.																	
Refund	34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	1,845.																	
	35a	Amount of line 34 you want refunded to you . If Form 8888 is attached, check here <input type="checkbox"/>	35a	1,845.																	
	b	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	X	X	X	X	X	X	X	X	X	X									
	X	X	X	X	X	X	X	X	X	X											
d	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
	36	Amount of line 34 you want applied to your 2024 estimated tax	36																		
Amount You Owe	37	Subtract line 33 from line 24. This is the amount you owe . For details on how to pay, go to www.irs.gov/Payments or see instructions	37																		
	38	Estimated tax penalty (see instructions)	38																		
Third Party Designee	Do you want to allow another person to discuss this return with the IRS? See instructions <input type="checkbox"/> Yes . Complete below. <input checked="" type="checkbox"/> No																				
	Designee's name	Phone no.	Personal identification number (PIN)																		
Sign Here	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.																				
	Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)																	
	Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)																	
	Phone no. (914) 466-5031	Email address																			
Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	PTIN																	
	Firm's name Self-Prepared			Check if: <input type="checkbox"/> Self-employed																	
	Firm's address			Phone no.																	
			Firm's EIN																		



Department of Taxation and Finance

Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

IT-201

For the full year January 1, 2023, through December 31, 2023, or fiscal year beginning ... **23**

For help completing your return, see the instructions, Form IT-201-I.

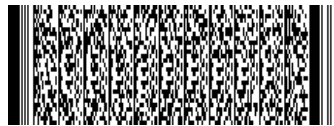
and ending ...

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number
NEAL	W	SERRINGER	12021971	5181
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions) (number and street or PO Box)			Apartment number	New York State county of residence
22 REINHEIMER RD				ORANGE
City, village, or post office		State	ZIP code	Country
MONROE		NY	109503646	UNITED STATES
Taxpayer's permanent home address (see instructions) (number and street or rural route)			Apartment number	School district name
				MONROE-WOODBURY
City, village, or post office			State	ZIP code
NY				
Decedent information			Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)

- A Filing status**
(mark an **X** in one box):
- ① ☒ Single
- ② ☐ Married filing joint return
(enter spouse's Social Security number above)
- ③ ☐ Married filing separate return
(enter spouse's Social Security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying surviving spouse

B Did you itemize your deductions on your 2023 federal income tax return? Yes ☐ No ☒

C Can you be claimed as a dependent on another taxpayer's federal return? Yes ☐ No ☒



D1 Did you have a financial account located in a foreign country? Yes ☐ No ☒

D2 (1) Did you or your spouse **maintain living quarters in Yonkers** for any part of 2023? ... Yes ☐ No ☒
If Yes:

(2) Number of months **you** lived in Yonkers in 2023

(3) Number of months **your spouse** lived in Yonkers in 2023

If No:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2023 Yes ☐ No ☒

E (1) Did you or your spouse **maintain living quarters in NYC** (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2023? Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2023
(any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only:
(1) Number of months **you** lived in NYC in 2023

(2) Number of months **your spouse** lived in NYC in 2023

G Enter your **2-character special condition code(s)** if applicable

H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an **X** in the box. ☐



201001234555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number

5181

REV 01/17/24 INTUIT.CG.CFP.SP

Exhibit E Pg 9 of 12

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	1	60302.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box .. <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	60302.00
18	Total federal adjustments to income Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	60302.00

New York additions

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	21	.00
22	New York's 529 college savings program distributions	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	60302.00

New York subtractions

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government	26	.00
27	Taxable amount of Social Security benefits (from line 15) ...	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	60302.00

Standard deduction or itemized deduction

34	Enter your standard deduction or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	52302.00
36	Dependent exemptions (enter the number of dependents listed in item H)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	52302.00

201002234555



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Name(s) as shown on page 1

NEAL W SERRINGER

Your Social Security number

5181

IT-201 (2023) Page 3 of 4

REV 01/17/24 INTUIT.CG.CFP.SP

Tax computation, credits, and other taxes

38	Taxable income (from line 37 on page 2)	38	52302.00
39	NYS tax on line 38 amount	39	2713.00
40	NYS household credit	40	.00
41	Resident credit	41	.00
42	Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43	Add lines 40, 41, and 42	43	.00
44	Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	2713.00
45	Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46	Total New York State taxes (add lines 44 and 45)	46	2713.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47	NYC taxable income	47	.00
47a	NYC resident tax on line 47 amount	47a	.00
48	NYC household credit	48	.00
49	Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50	Part-year NYC resident tax (Form IT-360.1)	50	.00
51	Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52	Add lines 49, 50, and 51	52	.00
53	NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54	Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a	MCTMT net earnings base for Zone 1	54a	.00
54b	MCTMT net earnings base for Zone 2	54b	.00
54c	MCTMT for Zone 1	54c	.00
54d	MCTMT for Zone 2	54d	.00
54e	Total MCTMT (add lines 54c and 54d)	54e	.00
55	Yonkers resident income tax surcharge	55	.00
56	Yonkers nonresident earnings tax (Form Y-203)	56	.00
57	Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58	Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54e through 57)	58	.00
59	Sales or use tax (do not leave blank)	59	0.00
60	Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61	Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	2713.00

See instructions to compute New York City and Yonkers taxes, credits, and surcharges.



See instructions to compute the MCTMT for each zone.

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your Social Security number

5181

62 Enter amount from line 61 62 2713 .00**Payments and refundable credits**

63	Empire State child credit	63	.00
64	NYS/ NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total New York State tax withheld	72	2735 .00
73	Total New York City tax withheld	73	.00
74	Total Yonkers tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	2735 .00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return.

Do not send federal Form W-2 with your return.

Your refund, amount you owe, and account information

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)	77	22 .00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	22 .00
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	22 .00

Mark one refund choice: ☐ direct deposit to checking or savings account (fill in line 83) - or - ☒ paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

See instructions for payment options.

79	Amount of line 77 that you want applied to your 2024 estimated tax (see instructions)	79	.00
80	Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	80	.00
81	Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77)	81	.00
82	Other penalties and interest	82	.00

See instructions for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal.

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box..... ☐

83a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 83c Account number

84 Electronic funds withdrawal Date Amount .00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	Email:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature SELF - PREPARED		Preparer's printed name	
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN	
Address		Employer identification number	
Email:		Date	

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation PLUMBER	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (914) 466 5031
Email: BETHSWORLD@YAHOO.COM	

201004234555

See instructions for where to mail your return.



NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Department of Taxation and Finance



Summary of W-2 Statements

New York State • New York City • Yonkers

IT-2

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions on the back.

W-2 Record 1

Box a Employee's Social Security number for this W-2 Record

[REDACTED] 5181

Box b Employer identification number (EIN)

134074778

Box c Employer's information

Employer's name			
WARRINER SMITH INC			
Employer's address (number and street)			
1073 STATE ROUTE 94 STE 22			
City	State	ZIP code	Country
NEW WINDSOR	NY	12553	

Box 1 Wages, tips, other compensation

60302.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

| |

Box 12b Amount

.00

Code

| |

Box 12c Amount

.00

Code

| |

Box 12d Amount

.00

Code

| |

Box 14a Amount

275.00

Description

NY PFL

Box 14b Amount

32.00

Description

VPDI

Box 14c Amount

.00

Description**Box 14d** Amount

.00

Description**Box 13** Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐**NY State information:****Box 15a**

NY State

N Y

Box 16a NYS wages, tips, etc.

60302.00

Box 17a NYS income tax withheld

2735.00

Other state information:**Box 15b**

other state

| |

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers
information (see instr.):**Box 18** Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's Social Security number for this W-2 Record**Box b** Employer identification number (EIN)**Box c** Employer's information

Employer's name			
Employer's address (number and street)			
City	State	ZIP code	Country

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

| |

Box 12b Amount

.00

Code

| |

Box 12c Amount

.00

Code

| |

Box 12d Amount

.00

Code

| |

Box 14a Amount

.00

Description**Box 14b** Amount

.00

Description**Box 14c** Amount

.00

Description**Box 14d** Amount

.00

Description**Box 13** Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐**NY State information:****Box 15a**

NY State

N Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:**Box 15b**

other state

| |

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers
information (see instr.):**Box 18** Local wages, tips, etc.

Locality a .00

Locality b .00

Box 19 Local income tax withheld

Locality a .00

Locality b .00

Box 20 Locality name

Locality a

Locality b

102001234555



NO HANDWRITTEN ENTRIES ON THIS FORM